

CHECKLIST FOR APPLICANTS

To submit a faculty application you will need:

1. A **copy of the PCC minutes** which record approval of the resolution to apply for a faculty
2. A signed **letter from the PCC Secretary** using the following wording:
“I certify that the attached minutes are a true copy of the minutes of the PCC meeting which was held on the *[insert date of meeting]*”
3. A copy of the completed **Form 2** (this may be found at the end of this document). The Form 2 should specifically list the work intended to be carried out
4. The **completed faculty form**. All applicants must complete pages 1-9. If you are applying for exhumation, stained glass, plaques/memorials or in respect of churchyards, you will also have to complete the appropriate Appendix.
5. It is important to enclose any relevant **supporting information** eg plans, drawings, architect’s specifications, photographs.

PETITION FOR A FACULTY - Form I

THE CHURCH IN WALES

I.01 Enter name of Diocese

IN THE DIOCESAN COURT OF

I.02 If a cathedral, enter dedication,
otherwise N/A

THE CATHEDRAL CHURCH OF

I.03 Enter name of Parish and Benefice
Number

THE PARISH OF

BENEFICE NO:

I.04 Enter dedication of Church and
Representative Body Register Number

REGISTER NO:

I.05 Please enter the names and addresses of Petitioners and the telephone numbers of contactable petitioners (in capital letters).

THE PETITION OF:

FULL NAME OF PETITIONER(S)	ADDRESS(ES) & TELEPHONE NO.	OFFICE HELD

I.06 We hereby signify our submission to the Diocesan Court and agree to abide by the Rules of the Diocesan Court subject to any right of appeal and agree to be bound by the Court's decision (including any order as to costs).

We seek a faculty authorising the works or purposes described in the Schedule of Works or Purposes hereto.

I.07

SCHEDULE OF WORKS OR PURPOSES

NOTES ON COMPLETION OF THE SCHEDULE – please identify in the numbered paragraphs, your proposed works or purposes.

- a) **Any Faculty granted on this petition will authorise only works or purposes which are included in this Schedule.** They must therefore be fully described (on a separate sheet in necessary), and the Petition must be accompanied by the relevant plans, specifications, drawings, photographs and other documents identifying the works or purposes proposed to be undertaken. These appendices should be marked with the same paragraph numbers to ease identification.
- b) The subject and position of any window, sculpture, tablet or memorial, and the wording and style of any inscription must clearly be indicated.
- c) Petitioners are requested to provide one copy of the Petition and supporting documents.

SCHEDULE

FORM OF ENQUIRY

2.00 The Church (including the Cathedral Church)

Is the Church :- 2.01 predominantly pre-Victorian?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.02 Victorian?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.03 20 th Century?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.04 If the date of the church's foundation is known please indicate		

3.00 Planning and Other Regulations

3.01 Is the Church Listed under current legislation i.e. Planning (Listed Buildings & Conservation Areas) Act 1990?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.02 If YES, state what Grade	GRADE	
3.03 Is it in a Conservation Area (as defined in the Act - see above)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.04 Are there any adjacent structures Scheduled as Ancient Monuments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4.00 Architect or other Professional Advisor

4.01 Who is the Architect or Chartered Building Surveyor appointed for the Quinquennial Inspection of the Church?	NAME: (& Qualification) ADDRESS
4.02 Has he/she been instructed in relation to the proposed work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.03 If you have answered NO, state name, address and qualifications of the professional advisor appointed. (Please continue on a separate sheet if there is more than one professional advisor.)	NAME: (& Qualification) ADDRESS
4.04 Give details of the professional indemnity insurance cover and insurer of the Architect or professional advisor in respect of the proposed works.	INSURER: COVER:

5.00 Contractors

5.01 State the name(s) and address of the contractor(s) including specialists e.g. Organ builder; stained glass designer; etc. (include the professional qualifications or membership of a professional association noted by the specialist(s).)	NAME: (& Qualification) ADDRESS
5.02 Please confirm that each and every contractor will provide adequate insurance cover for their liabilities	YES <input type="checkbox"/> NO <input type="checkbox"/>

6.00 Approvals

6.01 Planning Approval	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.02 Listed Building Consent	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.03 Building Regulations	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.04 Scheduled Monument Consent	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.05 Construction (Design & Management) Regulations	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.06 The Disability Discrimination Act 1995	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.07 Health and Safety Regulations	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6.08 Are there any proposals for demolition of part or whole of the structure? If YES please provide details	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

7.00 Insurance

7.01 Please confirm that the church is included in the Representative Body's Group Insurance Policy	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.02 Please note Insurance Band	BANDING
7.03 Please confirm that the insurer has been notified in writing of all the proposed works	YES <input type="checkbox"/> NO <input type="checkbox"/>

8.00 Archaeology

8.01 Has archaeological advice been sought as to the proposed works?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.02 If YES, please identify the archeologist. Please enclose a copy of the advice offered	NAME: ADDRESS	

9.00 Consultations

The Diocesan Advisory Committee will consult as appropriate

10.00 Do you or your architect, think that the proposed works will affect:

10.01 Any grave or monument?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.02 Seating accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.03 Any private rights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.04 Bats roosting in the building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so please attach copies of correspondence dealing with these matters (consents sought and given etc.)		

11.00 Finance

11.01 What is the total estimated cost of the proposed works? (where no architect is involved)	£		
What is the estimated cost of the proposed works provided by your:	£		
11.02 Architect or Professional Advisor	£		
11.03 The contractor or supplier	£		
11.04 Has the Parochial Church Council or Chapter approved the cost of the works?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If so, how will costs be met?	Please insert the sums below		
11.05 From the Cathedral or Parochial Funds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
11.06 From Grants and donations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£

11.07 By way of gifts already made or promised?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
11.08 At private expense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
11.09 Is grant aid being sought from CADW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
11.10 Is grant aid being sought from the Heritage Lottery Fund (HLF)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
11.11 Please confirm that, if the church has previously received a grant(s) from CADW or HLF, you have reported the present proposal to their office(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

12.00 Duration of Works

12.01 When is it anticipated that the proposed works will begin?	Month	Year
12.02 And will be completed?	Month	Year

13.00 Disposal of Church Property

If the disposal of any item of church property is contemplated: 13.01 Is the item owned by the Representative Body of the Church in Wales?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.02 If NO who is regarded as the owner?		
13.03 If YES has the: Consent of (i) the Representative Body And the assent of (ii) the Diocesan Bishop been obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.04 Where the church is Listed as being of 'Special Architectural or Historic Interest', is any item proposed to be removed included in that Listing description?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.05 Is it proposed that the item be transferred to another church vested in the Representative Body and added to that church's Log Book Terrier & Inventory?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.06 Has a professional valuation been obtained? If YES, attach a copy of the valuation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.07 Has the Representative Body been consulted about the use of the proceeds of the sale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

14.00 Appendices

Is it proposed to introduce a **PLAQUE OR MEMORIAL** into a church? If YES then complete Appendix One on page 9

Will the proposed works affect a **CHURCHYARD OR BURIAL GROUND**? If YES then complete Appendix Two on page 10

Do the proposed works relate to a **STAINED GLASS WINDOW**? If YES then complete Appendix Three on page 11

If the application relates to the **REMOVAL OF HUMAN REMAINS** (whether uncremated or cremated) from an existing grave, vault or tomb please complete Appendix Four on pages 13-14

15.00 Additional Information

Is there any additional information which might be helpful in the consideration of the Petition:

ALL PETITIONERS MUST:

1. SIGN AND DATE THE DECLARATION BELOW, AND
2. COMPLETE AND DISPLAY FORM 2 ON PAGE 14

The statements in the Petition and the answers to the questions above are true to the best of the knowledge and belief of each one of us.

Dated the _____ day of _____ 200

signed

Petitioner(s)

Notes:

1. The Petitioners are usually, either the Cathedral Chapter, or the Incumbent or Cleric-in-Charge, or, where there is no Incumbent or Cleric-in-Charge, the Area Dean and Churchwardens, as the case may be, but a Petition may be submitted by anyone who has an interest in the matter proposed.
2. The Cathedral Chapter, or the Parochial Church Council, as the case may be, is responsible for ensuring that their professional advisors, contractors, sub-contractors and all others who undertake the works referred to in the Petition, if authority is given for the works, fulfil all the requirements of current planning law, building regulations and approved codes of practice.

APPENDIX ONE

SPECIFIC FORM OF ENQUIRY

COMMEMORATIVE PLAQUE OR MEMORIAL

<p>16.01 Is it proposed to introduce a plaque or memorial into a church? If YES please attach a copy of the proposed design drawn to scale, indicating inscription, style and layout and show the position it would occupy.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>IMPORTANT NOTE TO APPLICANTS: In line with recent rulings of the Diocesan Courts in Wales the grant of a faculty is likely to be refused unless there are exceptional reasons for raising a personal memorial. These must be set out here below in detail or, accompany the application on a separate sheet or paper.</p>	
<p>16.02 What is the nature of the event to be commemorated or the circumstances which makes it appropriate to introduce a personal memorial of the type proposed?</p>	

APPENDIX TWO

SPECIFIC FORM OF ENQUIRY

CHURCHYARDS (including those in which Cathedral Churches stand):

17.01 Will the proposed works affect a churchyard or burial ground?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.02 If YES, state whether the land is consecrated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.03 Is the churchyard or burial ground still used for burials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.04 Is the churchyard or burial ground used for the interment of cremated remains?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are the proposed works likely to affect: 17.05 Any graves or vaults? Or	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any spaces which have been acquired by faculty for exclusive right of burial?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.06 If you have answered YES please provide a copy of the correspondence you have had with the known near relatives		
17.07 If it is proposed to remove or reposition any monuments or gravestones, have the 'Regulations Relating to the Removal of Monuments and Gravestones' contained in the Constitution of the Church in Wales, been fully complied with?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.08 If a war grave is affected, has the consent of the Commonwealth War Graves Commission been obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.09 Is any monument or structure affected Listed as being of 'Special Architectural or Historic Interest' or designated as an Ancient monument? If YES please attach details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.10 Are any trees, affected by the proposed works, subject to a Tree Preservation Order or within a Conservation Area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17.11 If YES has the Local Authority been consulted and if so, enclose a copy of its response	YES <input type="checkbox"/>	NO <input type="checkbox"/>

APPENDIX THREE

SPECIFIC FORM OF ENQUIRY

STAINED GLASS WINDOWS

18.01 Is it proposed to repair an existing stained glass window?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18.02 If YES, please provide full details of repair.	
18.03 Is it proposed to provide a new window? If YES, please complete 18.04-18.06	YES <input type="checkbox"/> NO <input type="checkbox"/>
18.04 Please attach a copy of the proposed design to scale, inscription style, size and layout and show the position the window and any inscription would occupy.	
18.05 What is the nature of the event to be commemorated?	
18.06 Please give details of any other stained glass windows in the area of the proposed works, with photographs.	

APPENDIX FOUR

SPECIFIC FORM OF ENQUIRY

THE REMOVAL OF HUMAN REMAINS (whether uncremated or cremated) from an existing grave, vault or tomb

19.01 Is it proposed to seek a faculty for the removal of human remains from an existing grave, tomb or plot? If YES please provide:-	YES <input type="checkbox"/> NO <input type="checkbox"/>
Full name and address of the applicant.	
Full name of the deceased.	
Date of death.	
Cause of death.	
Relationship or connection of applicant with the deceased.	
19.02 Is the applicant the nearest surviving relative of the deceased? If NO:-	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please explain why the application is not made with the written consent of the nearest surviving relative of the deceased.	
19.03 Full details of name and address of the place where the remains are to be re-interred.	
19.04 Are the remains cremated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19.05 If the remains are uncremated, will they be cremated before re-interment? If YES:-	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name and address of the crematorium (if appropriate) and of the place in which it is proposed to re-inter the remains.	

<p>19.06 Please indicate whether the remains are buried in a common/single/grave/plot</p>	
<p>19.07 If there is an exclusive right of burial in the grave/plot, please state who is the owner and whether the owner has given consent to the removal.</p>	
<p>19.08 Please indicate whether the remains can be removed without disturbing any other remains</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>19.09 Please indicate if the proposed removal necessitates the disturbance of a gravestone. If YES:</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has the owner of the gravestone agreed to this? Please supply written evidence of this agreement.</p>	
<p>19.10 Reason for removal</p>	
<p>19.11 I/We attach a certified copy of the consent given by Chapter / Incumbent / Cleric-in-Charge / Area Dean / Parochial Church Council, and the Home Office licence approving the removal.</p>	

